Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

OF THE CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$125 payable to SECRETARY OF STATE

Telephone #FAX #	

The undersigned, on behalf of the limited partnership	named below, hereby certifies that:
The undersigned, on bendin of the inflicts partiers inp	Harried below, hereby definites that.
The name of the limited partnership is	
Note: This must be the exact limited partnership name.	
2. The date of filing the Certificate of Limited Partners	ship is
3. The effective date of cancellation if it is not to be ef	fective upon filing of the certificate is:
4. The reason for filing the certificate of cancellation:	
5. Any other information the general partners filing the	e certificate determine.
6. The undersigned are all of the general partners of t	the limited partnership
The certificate of cancellation must be signed by all g	eneral partners.
Dated	
	(Signature of a general partner)
	(Printed Name)
Dated	(Signature of a general partner)
	(Printed Name)
Dated	(Fillied Name)
	(Signature of a general partner)
By signing this form, you agree to have both the fee and the form	(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

domesticlpcancellation April 2012